

## Ohio EPA - Daily Discharge Monitoring Report - Form 4500

<b>SUBMISSION ID:</b>	13898	<b>STATUS:</b>	Original
<b>FACILITY:</b>	American Energy Corp Century Mine	<b>PERMIT NUMBER:</b>	01L00091*GD
<b>LOCATION:</b>	43521 Mayhugh Hill Rd Twp Hwy 88	<b>STATION CODE:</b>	017
	Beallsville, OH 43716	<b>MONITORING PERIOD :</b>	2008-05-01 To: 2008-05-31
<b>COUNTY:</b>	Belmont	<b>REPORTING LAB:</b>	Tra-Det Inc.
<b>DISTRICT:</b>	SEDO	<b>ANALYST:</b>	Laura K. Wright
		<b>NO DISCHARGE INDICATOR:</b>	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Chlorine, Total Residual	CBOD 5 day	Fecal Coliform		
PARAMETER CODE	00530	00610	50060	80082	31616		
UNITS	4106	4106	4106	4106	6654		
FREQUENCY	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1/Month		
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab		
2008-05-01			0				
2008-05-02			0				
2008-05-03			AN				
2008-05-04			AN				
2008-05-05			0				
2008-05-06			0				
2008-05-07			0				
2008-05-08	AA 0.87	0.25	0	1.5			
2008-05-09			0				
2008-05-10			AN				
2008-05-11			AN				
2008-05-12			0				
2008-05-13			0				
2008-05-14			0		AA 10		
2008-05-15			0				
2008-05-16			0				
2008-05-17			AN				
2008-05-18			AN				
2008-05-19			0				
2008-05-20			0				
2008-05-21	AA 0.87	2.7	0	7.8			
2008-05-22			0				
2008-05-23			0				
2008-05-24			AN				
2008-05-25			AN				
2008-05-26			AN				
2008-05-27			0				
2008-05-28			0				
2008-05-29			0				
2008-05-30			0				
2008-05-31			AN				
Minimum	0.0	0.25	0.0	1.5	0.0		
Maximum	0.0	2.7	0.0	7.8	0.0		
Average	0	1.475	0	4.65	0		
Count	2	2	21	2	1		
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Adam Hartley							

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